		EXPENSE CLAIM	STRATION		See In:	struction	ns and *	Privacy			······	••••••		*********************		
							nt belov				Page of Pages					
CLAIMANT'S NAME							SOCIAL	SECUR	ITY N	UMBER	DEPARTMENT					
Lynn	L. Jac	obs										HCD				
POSITION					Bargaining Unit #		DIVISIO	N OR BU	JREA	Ú			INDEX	PCA		
Director					Е	99	.!	ve Office						50001		
RESII	DENCE	ADDRESS				•	l	UARTER				}	ONE NUM			
CITY				CTATE	ZIP CODE		1800 TI	nird Stre	et, S	uite 450		STATE	16 445-4 ZIP CODE	775		
CITY STATE Sacramento CA					ZIP CODE		Sacram	ento				CA	95811			
Sacramento				1								0/4	I			
(1) MONT	TH /YEAR	(3)	(4)	(5) N	MEALS	7	(6)	(7)	IRA	NSPORTAT	ON		(8)	(9)		
Ju	ıl-09	LOCATION WHERE EXPENSES		BREAK-		O.T., L/T, NC, RELO. OR	INCIDEN-	(A) COST OF	(B)	(C) CARFARE TOLLS,	(D)			70741		
(2)												E CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES		
DATE	TIME	WERE INCURRED	LODGING	FAST	LUNCH	DINNER	TALS	TRANS	USED	PRKG_	MILES	AMOUNT	LAFLINGE	FOR DAY		
7/1		Sacramento				<u> </u>	-		1	6.00	4	2.20	· 	8.20		
7/2		Drove to Sacramento A/P							PC		12	6.60		6.60		
	1000	Sacramento to Burbank	N/A											-		
7/3		Ventura										-		-		
7/6		Burbank Meetings						11.98	RC			-		11.98		
-		Burbank to Sacramento							PC	45.00				45.00		
	1700	End of Trip								-				-		
7/8		Sacramento										-		-		
	•	Drove to Sacramento A/P									12	6.60		6.60		
	1100	Sacramento to Burbank						8.32	RC	10.00				18,32		
		Burbank to Sacramento							PC	9.00		-		9.00		
	2330	End of Trip							РС	4.50		-		4.50		
7/9		Sacramento							<u> </u>	17.75	8	4.40		22.15		
	,	e su												· -		
												-				
(10)		SUBTOTALS		-	-		-	20.30		92.25	36.00	19.80	<u>.</u> .	132.35		
COLU	IMN CC	DE (ACCTG: USE ONL	Y)			1 (1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1										
		CLAIM TOTAL	- 110 AND 1										\$	132.35		
		OSE OF TRIP, REMAN				Convent	ion Cent	er. 7/2 -	Sacı	amento	(12) NOR	MALWORK I NA 00:8	л - 5:00	PM		
meeti	ingsl	Flight from Sacrament	o to Burbai	nkLodg	ging N/A	stayed v	√/ relativ	es. 7/3 -	Mee	tings at	(13) PRIV	ATE VEHICLE	E LICENSE N	0.		
West	lake Vi	llage. 7/6 - Meetings i	n Burbank m Sacram	w/ Jay S ento to F	tark…Fli _{Surbank}	ght from meeting	Burbanl A ا / یا عد	to Sacı Housind	rame , Der	nto. 7/8	(4.4) 3411.5	ACE DATE C	LAIMED			
- Sacramento MeetingsFlight from Sacramento to Burbankmeetings w/ LA Housing Dept Flight from Burbank to Sacramento. 7/9 - CalHFA Board meeting and BTH meeting w/ Secretary											(14) MILEAGE RATE CLAIMED 0.55					
Bonner.											AGENCY ACCOUNTING OFFICE					
												USE ONLY PAID BY REV. FUND CHECK No.				
(15)	I HEDER	CERTIEV That the above is a t	rue statement of	the travel ex	nenses incu	rred by me in	accordance	with DPA ru	les in I	he service		FAID D! NEV	. POND OHE	JA NO.		
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections																
	0750, 075 NT'S SIG	51. 0752, 0753 and 0754 pertaini NATURE	ng to venicle saf	DATE	ben usage.	(16) SIGNA	TURE OF O	FFICER API	PROVI	NG TRAVEL	AND PAY	MENT ·	DATE			
		Jacobs	04/09	I	Nevi				08/04/09							

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

STATE OF CALIFORNIA - PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM					See Instructions and *Privacy Statement below											
STD.262 (REV. 6-93c) CLAIMANT'S NAME										Page	•	of NACE NEC	Pages			
					SOCIAL SECURITY NUMBER					DEPARTI HCD	IVI E.IN. I					
Lynn L. Jacobs POSITION						Bargaining Unit#		N OR BU	REA	U		ILCD	INDEX	PCA		
					E 99		Executi	ve Office	j.				5103 50001			
Director RESIDENCE ADDRESS					T 59			JARTER:		DRESS		TELEPHO	ONE NUMBER			
					1800 Th	nird Stre	et, S	uite 450	916 445-4775			1775				
CITY STATE						ZIP CODE						STATE	ZIP CODE			
Sacramento CA							Sacramento					CA	95811			
(1) MONTH YEAR (3)			(4)	(5) MEALS			. (6)	(7)	TRA	NSPORTATI	ON		(8)	(9)		
Jul-09 (2) DATE TIME		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, NC, RELO. OR DINNER	INCIDEN- TALS	(A) COST OF TRANS	(B) TYPE USED		PRIVAT MILES	(D) E CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY		
7/14		Sacramento							PC	4.50	4	2.20		6.70		
7/15		Sacramento							PC	9.00	4	2.20		11.20		
7/16		Drove to Sacramento A/P							PC		12	6.60		6.60		
	0730	- Sacramento to Burbank	N/A													
7/17		Oxnard	N/A									-		·		
7/20	4	Oxnard					-							-		
		Burbank to Sacramento		,		,		29.30	RC					29.30		
	. 1500	End of Trip							PC	36.00	12	6.60		42.60		
7/21		Sacramento							PC	2,50	4	2.20		4.70		
7/30		Sacramento							PC	13.50	6	3.30		16.80		
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												, =				
												-				
(10)		SUBTOTALS		· -	-	_	· mande to be considered.	29.30	-	65.50	42.00	23.10	-	117.90		
COLUMN CODE (ACCTG, USE ONLY).											\$	117.90				
CLAIM TOTAL (11) PURPOSE OF TRIP, REMARKS AND DETAILS											(12) NORMAL WORK HOURS					
7/14 - Director Jacobs attended the TCAP meeting om Sacramento. 7/15 - Director had a Speaking Engagement Making Home Affordable Program - Roundtable Meeting at the Embassy Suites. 7/16 - Director Jacobs drove to the Sacramento A/P and took a flight to Burbank. Met w/ Percy Vaz of AMCAL Housing.,7/17 - Director Jacobs attended meeting in Oxnard and the Ventura Planning. Commission Meeting. 7/20- AM Oxnard meeting and flight from Burbank to Sacramento. 7/21 - Sacramento Meetings. 7/30- Sacramento										8:00 AM - 5:00 PM (13) PRIVATE VEHICLE LICENSE No.						
										(14) MILEAGE RATE CLAIMED 0,55						
Meetings The Housing Problem and the Economic Crisis at UC Center Sacramento.												AGENCY ACCOUNTING OFFICE				
												USE ONLY PAID BY REV. FUND CHECK No.				
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.																
CLAIMANT'S SIGNATURE DATE (16) SIGNATURE OF OFFICER APPROVING TRAVEL A								AND PAYMENT DATE								
Lvr	n L.	Jacobs	04/09	Judy Nevis						08/04/09						
<u>-y</u> ·	Lynn L. Jacobs 08/04/09 Judy Nevis											DATE				